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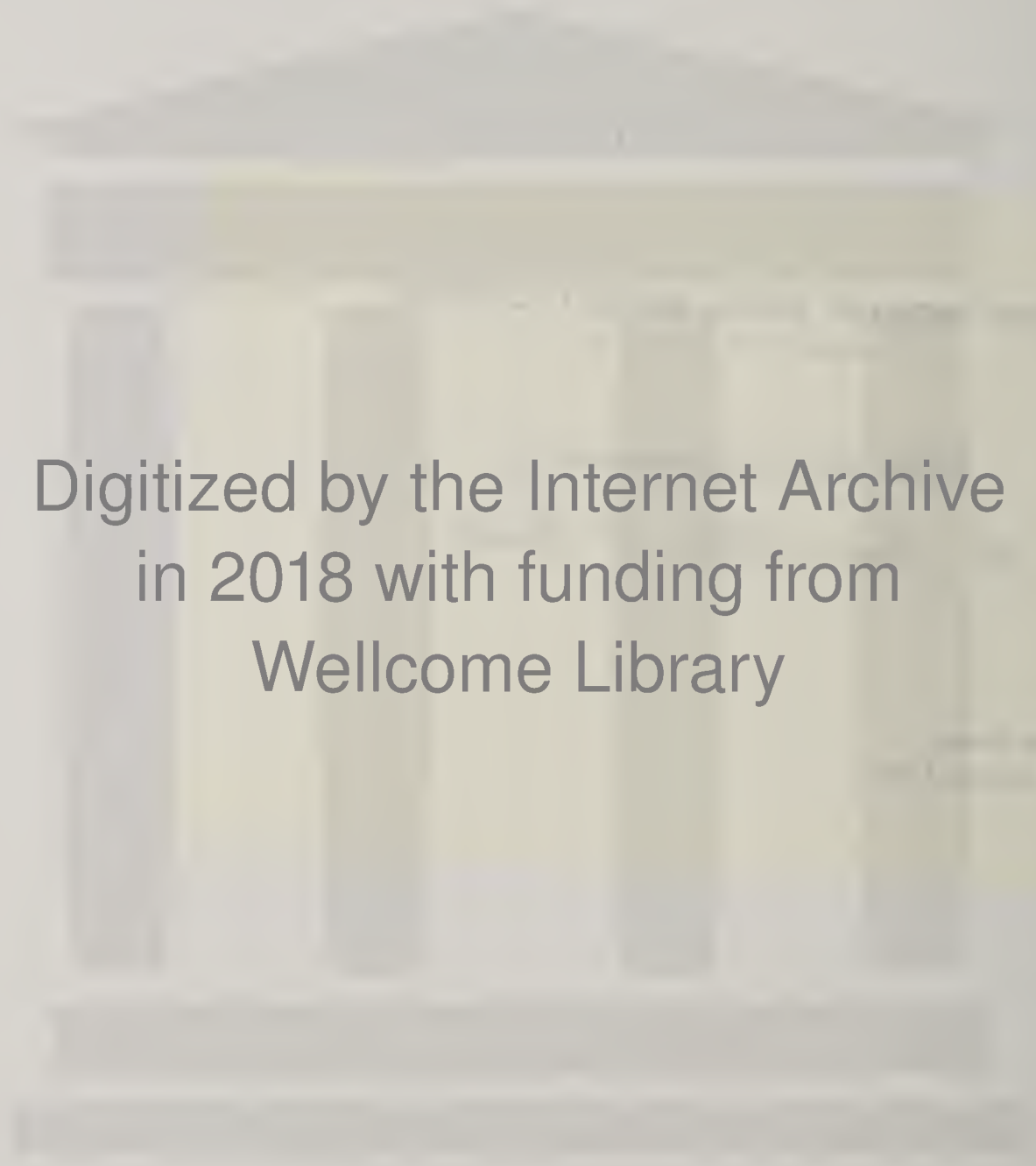
SOUTH KESTEVEN
RURAL DISTRICT COUNCIL

ANNUAL REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE
YEAR 1965.

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

*With the Compliments of
the Medical Officer of Health*

41, North Street,
Bourne, Lincs.



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SOUTH KESTIVEN RURAL DISTRICT COUNCIL

PUBLIC HEALTH DEPARTMENT

1965

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Councillor Dr. J.A. Galletly

Vice-Chairman

Councillor H. Scarborough

Members

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Councillor H.W. Bailey.
Councillor Mrs. C.A. Baker.
Councillor K. Bates.
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Councillor T. Whotton.

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health

H. Ellis Smith,
M.B., B.Ch., B.A.O., D.P.H.,
41, North Street, BOURNE.
Tel. No. Bourne 2436.

Chief Public Health Inspector
and Building Surveyor

Walter A. Chivers,
F.A.P.H.I., M.R.S.H.,
41, North Street, BOURNE.
Tel. No. Bourne 2436.

Senior Additional Public
Health Inspector

William J. Watson,
M.A.P.H.I., A.R.S.H.

Additional Public Health
Inspector

Brian W. Hyde,
M.A.P.H.I., C.R.S.H.

Building Inspector

Charles H. Busby.

Shorthand-Typist and General
Clerk

Miss S.M. Curtis.
(Resigned 13.8.65)
Miss J. Rawlinson.
(Appointed 16.8.65)

Junior Clerk

Miss P.A. Wade.
(Appointed 16.8.65)

Clerk of the Council

J.J.C. Goulder, M.B.E.

SOUTH KESTEVEN RURAL DISTRICT COUNCIL

Annual Report of the Medical Officer of Health
for the Year 1965.

To the Chairman and Members
of the South Kesteven Rural District Council

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting my eleventh Annual Report which is that for the year 1965.

SECTION A. STATISTICS AND SOCIAL CONDITIONS

Area in Acres	95,061
Population (Registrar General's Figures 1965) ..	15,420
Number of inhabited houses.. .. .	5,119
Rateable Value.. .. .	£314,566
Sum represented by a 1d. rate (Estimated)	£1,218 1s. 6d.

Vital Statistics for the year 1965

Note: Birth and Death Rates

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this report as "Net" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the Rates for the Country as a whole.

These factors for Births and Deaths in respect of South Kesteven are 1.03 and 1.03 in each case. The corresponding figures when multiplied by the Crude Rate (that is for Births or Deaths as the

case may be) will give the Net Rate.

							<u>M</u>	<u>F</u>	<u>TOTAL</u>
Total Live Births	..	..	..	..	..	..	135	142	277
Legitimate	..	..	..	..	..	..	130	132	262
Illegitimate	..	..	..	..	..	..	5	10	15
Crude Live Birth Rate per 1,000 of estimated population	-								17.83
Net Live Birth Rate per 1,000 of estimated population	-								18.36
Rate for England and Wales	-								18.0
Illegitimate Live Births per cent of Total Live Births	-								5.4%

							<u>M</u>	<u>F</u>	<u>TOTAL</u>
Still Births	..	..	..	..	..	..	1	-	1
Legitimate	..	..	..	..	..	..	-	-	-
Illegitimate	..	..	..	..	..	..	1	-	1
Still Birth Rate per 1,000 Live and Still Births	-								3.6
Rate for England and Wales	-								15.3

Total Live and Still Births 278

							<u>M</u>	<u>F</u>	<u>TOTAL</u>
Deaths	..	..	..	..	..	..	76	75	151
Crude Death Rate per 1,000 of estimated population	-								9.79
Net Death Rate per 1,000 of estimated population	-								10.1
Rate for England and Wales	-								11.5

Infantile Mortality - Deaths of Infants under one year

							<u>M</u>	<u>F</u>	<u>TOTAL</u>
Number of Deaths	..	...	..	..	..	..	6	3	9
Legitimate	..	..	..	..	..	..	6	3	9
Illegitimate	..	..	..	..	..	..	-	-	-
Infantile Mortality Rate per 1,000 Live Births	-								32.49
Rate for England and Wales	-								19.0

The number of deaths of infants under one year of age was

5 in 1963 and 6 in 1964

Infantile Mortality Rate per 1,000 Legitimate Live Births	34.35
Infantile Mortality Rate per 1,000 Illegitimate Live Births	NIL

Neo-Natal Mortality i.e. Deaths of infants under four weeks of age	-	5 males 1 female (all legitimate)
Neo-Natal Mortality Rate per 1,000 Live Births	-	21.66
Neo-Natal Mortality Rate for England and Wales	-	N.Y.A.
Early Neo-Natal Mortality Rate per 1,000 Live Births	-	21.66
Early Neo-Natal Deaths i.e. Deaths of infants under one week of age	-	5 males 1 female (legitimate)
Peri-Natal Mortality Rate (i.e. Still Births and Deaths under one week combined) per 1,000 Total Live and Still Births	-	25.18
Rate for England and Wales	-	26.9

There was no case of Maternal Death i.e. a death due to Pregnancy, Childbirth or Abortion.

Maternal Mortality Rate for England and Wales	-	0.25
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The Live Birth Rate at 18.36 was just a little higher than the National figure of 18.1. The Still Birth Rate at 3.6 was very much lower than that for England and Wales at 15.7.

The Death Rate in the Rural District was 10.1, just about one per thousand less than for the Country as a whole at 11.5.

The Infantile Mortality Rate for England and Wales was 19.0, which for the eleventh successive year was the lowest figure ever previously recorded. South Kesteven's rate was considerably up on this at 32.49.

The neo-natal and early neo-natal rates were both raised compared with the previous year but the peri-natal rate showed a slight improvement, due to there being only one Still Birth during the twelve months.

It must be borne in mind in interpreting these statistics that with our relatively small numbers, a change of even one can make a big difference to the Rate per thousand.

<u>Causes of Infantile Deaths</u>			
<u>Under One Week</u>	<u>Age</u>	<u>M</u>	<u>F</u>
Complete pulmonary atelectasis Prematurity	5 hours	1	-
Neo-natal Pneumonia Ruptured membranes 4/9 prior to birth. Dysmaturity	7 hours	1	-
Prematurity	14 hours	1	-
Cardiac Failure Haemolytic Disease of the Newborn	16 hours	-	1
Prematurity	1 day	1	-
Cerebral Haemorrhage Congenital heart defect	2 days	1	-
<u>Under One Year</u>			
Broncho-pneumonia Influenza	1 month	-	1
Bilateral Broncho-pneumonia	2 months	-	1
Broncho-pneumonia Multiple congenital deformities Bifid Talipes. Erb's palsy	4 months	1	-
TOTALS		6	3

The number of illegitimate births showed a drop of seven from the high figure of the previous year.

The Natural increase (excess of live births over deaths) was 126, eleven more than in the previous year. This trend it is to be hoped will continue and that sooner or later the drainage of

population to the towns will be halted and the vitality of our ancient villages be enhanced.

At the present time, the composition of the population for age and sex in the Rural District approximates very closely to that of the Country as a whole, which means in effect that there is a disproportionate number of elderly persons in the Community. This will mean a continuing need for all the support and assistance which the Socio-Medical services can give. Also it is a challenge to those charged with the responsibility of housing them in accommodation suited to their age, disability and legitimate requirements.

It is interesting that out of the 151 deaths, 67 or 44% were aged 75 years or over. This is a clear demonstration of the increased expectation of life. It remains to make these added years as meaningful as possible.

CAUSES OF DEATH TABLE

	<u>M</u>	<u>F</u>	<u>TOTAL</u>
1. Tuberculosis, respiratory.. .. .	-	-	-
2. Tuberculosis, other	-	-	-
3. Syphilitic disease	-	-	-
4. Diphtheria	-	-	-
5. Whooping Cough	-	-	-
6. Meningococcal infections	-	-	-
7. Acute Poliomyelitis	-	-	-
8. Measles	-	-	-
9. Other infective and parasitic diseases ..	-	-	-
10. Malignant neoplasm, stomach	2	3	5
11. Malignant neoplasm, lung, bronchus ..	2	-	2
12. Malignant neoplasm, breast	-	3	3
13. Malignant neoplasm, uterus	-	2	2
14. Other malignant and lymphatic neoplasms ..	6	5	11
15. Leukaemia and Aleukaemia	1	-	1
16. Diabetes	1	1	2
17. Vascular lesions of nervous system ..	6	14	20
18. Coronary disease, angina	11	10	21
19. Hypertension with heart disease	3	1	4
20. Other heart disease	11	11	22
21. Other circulatory disease.. ..	-	4	4
22. Influenza.. .. .	3	2	5
23. Pneumonia.. .. .	5	7	12
24. Bronchitis	7	1	8
25. Other diseases of respiratory system ..	-	-	-
26. Ulcer of stomach and duodenum.. ..	-	-	-
27. Gastritis and enteritis and diarrhoea..	-	1	1
28. Nephritis and Nephrosis	1	1	2
29. Hyperplasia of prostate	1	-	1
30. Pregnancy, childbirth, abortion	-	-	-
31. Congenital malformations	-	-	-
32. Other defined and ill-defined diseases ..	15	7	22
33. Motor vehicle accidents	-	1	1
34. All other accidents	1	1	2
35. Suicide	-	-	-
36. Homicide and operations of war	-	-	-
TOTALS	76	75	151

Diseases of the Cardio-Vascular system were as usual head of the list of causes of death, accounting for 71 out of the 151 deaths and of these almost a third were due to Coronary Thrombosis.

The defeat of so many of the infections and the triumphs of surgery have increased the expectation of life but since mankind is mortal, a preponderance of deaths must fall inevitably into the degenerative categories of disease. This is borne out by the fact that 43 of those who succumbed to Cardio-Vascular disease were aged 75 years and over and 59 were over 65 years.

The Respiratory group of diseases rather unusually took second place with twenty-five deaths, due to the malign effects of influenza upon the elderly.

Twenty-four deaths were due to malignant growths, of which two were cancer of the lung. Here also, as in the Cardio-Vascular group they fell predominantly amongst those over 75 years of age. Nine being in this category.

Three deaths were due to accidents - a fall in the street in a 77 year old female and a mining accident involving a 35 year old man. It is tragic when a fatal motor vehicle accident involves a girl in her teens as occurred in the third case.

There was one further accidental death which does not appear in the Registrar General's figures. This involved a fifty year old man who was accidentally drowned whilst bathing during a holiday at Jersey. The area was known locally as a dangerous one. It behoves all bathers, however competent swimmers they may be, to inquire carefully of local residents as to safety of the proposed bathing place before casting themselves into treacherous waters.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA

Nursing in the Home

Nine District Nurse Midwives are employed either full or part time within the Rural District, and their devoted service is an established feature of the areas which they serve. The two District Nurse Midwives in Bourne also serve in the surrounding rural pastures. In South Kesteven, Stamford and Bourne, there is an establishment for three Health Visitors, but in spite of every effort, two of these vacancies have proved impossible to fill. Accordingly, the work of this specialised service has devolved on Miss Hetherington of Bourne

for all three Districts, - an impossible burden. Some of the District Nurses already mentioned are engaged in Health Visiting duties also. The work they do includes advice on many features of the Health and Social needs of the family as a whole, and to the mothers, children and elderly in particular. The problem family is also a sphere of special responsibility for them.

Home Helps

These are provided throughout the Rural District from centres at the North Street Clinic, Bourne, the Barnhill Clinic, Stamford and from Sleaford for the Horbling, Billingborough and Folkingham areas.

Office times for inquiries are:-

Barnhill House, Stamford

Monday to	-	9.00 a.m. - 12.30 p.m.
Friday	-	1.30 p.m. - 5.00 p.m.

North Street Clinic, Bourne

Mondays	-	9.30 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Tuesdays	-	2.00 p.m. - 4.30 p.m.
Wednesdays	-	9.30 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Thursdays	-	10.00 a.m. - 12.30 p.m.
		2.00 p.m. - 4.30 p.m.
Fridays	-	2.00 p.m. - 4.30 p.m.

This service is engaged more and more in providing for the needs of the elderly and disabled, though it commenced originally as a service to expectant mothers during their confinement and lying in period. It permits the elderly to remain in their own homes long after they would otherwise have to go into Welfare Homes or Hospital. It tides the ordinary family over a domestic crisis and preserves the Problem Family from disruption. In this latter sphere it has scored several notable successes during the past year.

The ancillary service "The Good Neighbour" has functioned satisfactorily when it has been called upon. Fortunately there are many in the area who give readily of their Services, time and money to their less fortunate neighbours without thought of or desire for reward.

However, if within a village one person is prepared to look in a few times a day and help an incapacitated person in that village, they may be "adopted" by the Local Health Authority and given a small Honorarium according to the extent of the Services which they are providing.

Infant Welfare Centres

These are provided at Billingborough, Castle Bytham, Corby Glen, Folkingham, Morton, Thurlby and R.A.F. Langtoft, and in each of these improvisation still continues to be the order of the day, as only at Billingborough is there any hot water supply. An electric kettle is excellent for tea making but has its limitations. The Market Deeping Clinic situated in the Town Hall is centrally placed and hygienic, but is was becoming very much overcrowded. It was accordingly a great relief when the Deeping St. James Clinic was opened at the Church Hall towards the end of the year. It has relieved the pressure but this may prove temporary as new local demands are expected to increase. In addition the central clinics at Stamford and Bourne serve the surrounding areas. At all these centres Welfare Foods and food supplements are made available. I would like to express my appreciation of the help of the dedicated band of voluntary workers who give so much assistance to the Health Visitors and myself at all these Clinics. A doctor attends all of these except the Morton and Thurlby Clinics. Hearing tests for babies and infants over seven months of age are done at the Bourne Clinic on the second Thursday in each month, from 10 a.m. to 12 noon. No appointment is necessary.

Immunisation

Immunisation against Diphtheria, Whooping Cough and Tetanus and Vaccination against Smallpox are provided, without cost to the patient, by the Family Doctors, under the County Council scheme. In some instances Poliomyelitis protection is given also by them.

All these items of service are provided on request without prior appointments at the Stamford, Bourne, Market Deeping, Deeping St. James, Castle Bytham, Folkingham, Billingborough and R.A.F. Langtoft Clinics.

"Stork" Club or Mothercraft and Relaxation Classes for Expectant Mothers

These are held at the Barnhill Clinic, Stamford on Tuesday afternoons and at the Bourne Clinic on Wednesday afternoons and a number of mothers-to-be from the Rural District have attended each.

The meetings are held weekly and consist of a course of eight lectures on various aspects of mothercraft, baby care and preparation for confinement. Each lecture is followed by a Relaxation Class, which makes for easier childbirth, as numerous members of the class have subsequently testified. A cup of tea and a chat make the afternoon a pleasantly sociable one. It is to be hoped that in the future, more from the Rural Area will avail themselves of these most valuable classes, as only five did so at Bourne and seven at Stamford during the year.

Ambulance Service

This is provided for the Rural District by a radio-controlled system from centres at Stamford where there are three ambulances and one dual purpose vehicle, and Bourne where there are two ambulances and two dual purpose vehicles. Small areas are also served from Sleaford and Grantham.

Services Provided by the Regional Hospital Boards

All the usual Hospital Services are provided by the East Anglian Regional Hospital Board for the southern part of the area, from Hospitals situated in Peterborough, Stamford and Bourne. Similar services are provided by the Sheffield Regional Hospital Board in the northern area from the Grantham Hospital. This latter Board provides the services for the Mentally disabled throughout the whole area, from their Hospitals at Harmston Hall and Rauceby.

Venereal Disease

Clinics are held at the Out Patients' Department, Memorial Hospital, Peterborough, under Doctor N.A. Ross.

	<u>Males</u>		<u>Females</u>
Mondays	4.30 - 6.30 p.m.	Tuesdays	10.30 - 12 noon
Wednesdays	5.30 - 7.00 p.m.	Thursdays	4.30 - 6.00 p.m.

By the Medical Research Council Laboratory Facilities

A full service of bacteriological investigations is given us by the Public Health Laboratory, situated at the Peterborough Memorial Hospital, and under the control of Doctor E.J. Glencross. I would

like to acknowledge gratefully the ever ready help and courtesy which Doctor Glencross and his staff have extended to us throughout the year.

By the Family Planning Association

This Clinic is held at Barnhill, Stamford and provides a welcome service to married people wishing to plan their families. At it advice is given on methods of contraception and medical help with sexual problems and advice in cases of sterility and sub-fertility.

Oral methods of contraception - "The Pill" - have not been used and quite rightly so, at least until the Medical Research Council produces its report and it is possible to allay the least lingering suspicion of unpleasant long term complications, as well as the more short term risk of thrombosis.

The Clinic is held by Doctor Anne Whiteley - Deputy County Medical Officer - assisted by a Health Visitor and a Committee of Voluntary Workers, whom I would like to thank for their valuable services.

The sessions are held:-

First Tuesday in each month 2.00 p.m. - 3.00 p.m.

Third Tuesday in each month 7.00 p.m. - 8.00 p.m.

Last year 94 women attended the clinic. Interested persons from the Rural District are welcome to avail themselves of the facilities provided.

SECTION C

SANITARY AND ENVIRONMENTAL
CIRCUMSTANCES OF THE AREA

The Public Water Supply is potentially available to over 95 per cent of the population in the area. During 1965 many new mains were laid and new connections effected. I am very grateful to Mr. Cameron Stobie, Engineer to the South Lincolnshire Water Board for the details of these, which follow, and also for his kind co-operation during the past twelve months.

Details of New Mains Laid
As Reported by Mr. Cameron Stobie

High Street, Castle Bytham

130 yds. - 3"

West Road, Tallington.	166 yds.	-	3"
Hanthorpe	70 yds.	-	3"
Toft House Lodge, Toft	613 yds.	-	3"
Rippingale Fen	2,431 yds.	-	3"
Carlby/Essendine Link	430 yds.	-	4"
Aunby/Little Bytham Link	3,947 yds.	-	4"
Off Church Street, Market Deeping	893 yds.	-	3"
	462 yds.	-	4"
Dyke/Morton Link	1,738 yds.	-	4"
Main Road, Deeping St. James	10 yds.	-	6"
	1,534 yds.	-	3"
Carlby Village	140 yds.	-	3"
Main Street, Baston	450 yds.	-	3"
	293 yds.	-	4"
Outgang Road, Market Deeping	3,649 yds.	-	8"
Long Drove, Dowsby Fen	420 yds.	-	3"
Broadgate, Deeping St. James	150 yds.	-	3"
Manor Park, Deeping St. James	50 yds.	-	4"
	212 yds.	-	3"

Totals: 7,209 yds. - 3" diameter

6,920 yds. - 4" diameter

10 yds. - 6" diameter

3,649 yds. - 8" diameter

Supplies in the rural area were maintained satisfactorily during the year, and although in January some difficulty was experienced in the southern part of the district from failing sources, little or no effect was felt in the area of distribution.

Steps which have and are being taken in the shape of additional trunk mains in the Deepings will be more than adequate to cope with the ever increasing demand in this area.

During the year 205,201,000 gallons were used giving a mean figure of 562,194 gallons per day or a daily consumption per head of 36.1 compared with 516,393 gallons and 33.7 gallons per head in the previous year.

As shown by the figure from 1st January, 1965 to 31st December, 1965, the consumption has increased by nearly 50,000 gallons per day and is still increasing.

No properties are now supplied from standpipes. These figures speak for themselves in proclaiming the steady progress which is continuing as in recent years towards the ultimate goal of making abundant pure wholesome water available to all and in step with the multilateral developments of contemporary society.

ANALYSIS OF A TYPICAL SAMPLE OF WATER
FROM THE SUPPLIES TO THE DISTRICT FROM THE BOURNE PUMPING STATION
(parts per 1,000,000)

pH	7.2
Chlorine present as Chloride.. .. .	21.0
Hardness:	
Carbonate	230.0
Non-Carbonate	140.0
Nitrate Nitrogen.. .. .	0.2
Nitrite Nitrogen.. .. .	0.01 (less than)
Ammoniacal Nitrogen	0.01
Albuminoid Nitrogen	0.02
Oxygen Absorbed	0.30
Free Carbon Dioxide	30.0
Dissolved Solids dried at 180° C	435.0
Alkalinity as Calcium Carbonate	230.0
Residual Chlorine .. .. .	...
Fluoride (F):	0.1 (less than)
Electric Conductivity	650.0
Metals:	
Iron	0.03
Zinc	Absent
Copper.. .. .	Absent
Lead	Absent
Manganese	Absent

This sample is clear and bright in appearance, neutral in reaction and free from metals apart from a negligible trace of iron. The water is very hard in character but not excessively so, it contains no excess of mineral constituents and it is of very satisfactory organic quality.

From the aspect of the chemical analysis these results are indicative of a pure and wholesome water suitable for public supply purposes.

The water supply to the area derived as it is from the deep water bearing strata of the Lincolnshire limestone is very hard, but of high bacteriological quality. Whatever its drawbacks may be, it is certainly not plumbo-solvent, even if it devours the soap for those who want a lather and furs the kettles and pipes. It was adequate throughout the year apart from the Parish of Uffington. As presaged in last year's report, the water supply from the old bore which used to supply Deeping St. James has now lost its identity. After supplying that Parish with its highly favoured natural fluorine content and low total hardness, its place has now been taken almost completely by the water supplies to the rest of the District. The reason for this is that the Water Board finds small sources of supply uneconomic to exploit, and in any case this supply was much too small for the rapidly expanding Deepings dormitory area. Let it be hoped that before too long the whole of the District can be favoured with a public supply which has been artificially fluoridated to the recognised optimum figure of one part per million. The majority of the Constituent Authorities of the Board are agreed to this, the Local Health Authority has agreed, all the informed Scientific Organisations have given their full support and the Minister of Health has urged in forthright terms that water undertakings should adjust their supplies to this figure. It can be assumed that it is only a question of time before this great forward step in prevention of dental caries and its present ravages is taken. If the passing of the Deeping St. James supply is but a prelude to the good of a far greater number, then it will not be regretted so greatly in the cause of rationalisation of the sources of supply. Meanwhile after twenty six years of consuming fluoridated water, the population of Deeping St. James have vital statistics as consistently favourable as any. There is no evidence of any ill effect whatever in young or old and the dental condition of the children is patently much superior to any other Parish in the area.

After reaching unprecedented and alarmingly low levels in the early months of the year, the underground water supplies were replenished by the rains of a wet Summer and Autumn. At the end of the year they stood above the normal levels and those who depended upon their adequacy breathed easily again.

The Council agreed to continue to carry out precautionary Widal tests for those employees of the Water Board who work on the water supply system within the area.

The Deeping St. James sewage disposal works has had the addition of six sludge drying beds; and a recirculation system was adopted during the year. Alkaline digestion has now been firmly established after earlier vicissitudes and the Department have received no complaints of

malodour during the year. With the rapid expansion in the Deepings continuing and evermore "would be" residents wanting to build, urgent attention has been given to extending these works.

During the year a great step forward was marked by the coming into operation of the new sewage disposal systems for Thurlby and Northorpe to the south and Morton and Haconby to the north of Bourne, which Authority had agreed to accept the crude sewage for purification and disposal.

For many years now all the contents of the nightsoil vehicle, derived from the pail closets and septic tanks, have been irrigated on farm-land. This, whilst effective, was unaesthetic and noisesome particularly in hot weather. It is good that the Consulting Engineers have designed an addition to the Horbling Sewage Disposal Works, which has been approved by the Minister and will, on completion, give a modern, efficient and long over due alternative to the present system.

The proposed sewage disposal scheme for Folkingham and Pointon, less the hamlet of Millthorpe, has been agreed to by the Minister, and should soon go ahead. Ministerial consent has also been given in principle to the provision of a sewage disposal scheme for Swayfield and Swinstead. However, the Minister before confirming it has asked for consideration to be given to the provision of one system for the Bythams together with Swayfield and Swinstead, instead of draining these two latter Parishes to Corby Glen, back into the vulnerable Limestone Belt. This idea would truly have much to recommend it for the latter reason alone.

With all the capital expenditure involved in providing new sewage disposal systems, it is economic madness not to arrange for the connection of all possible properties to them. Accordingly, in all the recent Contracts, provision has been made for the connection of houses on the old sewers and on septic tanks to the new. This will stop the repetition of the situation which arose in Corby Glen, where seven years after the completion of their new works and sewers fifty five per cent of the properties were not connected. The Council have now stepped in and all the connections in that Parish have been completed and the underground water supplies protected from that potential threat. It is hoped that in time it will be politic to withdraw the archaic and unaesthetic nightsoil collection service from all those Parishes where there is a modern sewage disposal system as this is an expensive weekly service which should be quite unnecessary where there is an up to date alternative. Unfortunately, the financial wizards of Whitehall seem to be amblyopic on this point. When the financial restrictions were imposed this year, money was

still obtainable for Discretionary Improvement Grants, for street lighting, for street naming and for litter baskets but the Council's power to pay 50% of the cost towards converting a pail closet, a vault or a chemical closet to a water closet where a new sewer ran past the door, was withdrawn. Is this financially, hygienically or in any way sensible? When one considers the capital sunk in those underground pipes and the works at the other end.

Must the nightsoil cart still bring its nostralgic whiff of the past to our modernised villages?

During the year 31 samples of water from the Wilsthorpe Bore were taken and of these 9 showed slight contamination. This is indicative of some pollution getting into the water gathering grounds in the Limestone Belt and is a further reason for ensuring that modern systems safeguard these very important collecting areas.

The problem of farm effluents is still a live one. Ideally it would be good if these could be accepted at the sewers for subsequent treatment, but from a practical point of view sewage disposal schemes have not been designed with the necessary capacity. Those who advocate the policy of acceptance must realise that each pig will produce a daily output of sewage equivalent to three persons and a bovine the equivalent of five. It is axiomatic that the increased biological oxygen demands on the works would be enormous.

With so many sewage disposal works within the area, and with the River Boards demanding impeccable standards of effluents at all times, it is not surprising that the time has come for considering the appointment of a full-time Chemist to keep a close watch on the performances of the various works and their end products. Pulling the chain is truly but the beginning, not the end!

The only public toilets maintained by the Council are at Market Deeping. Paper towels and "cold" hand washing facilities are provided. With the increasingly heavy traffic using the A. 16, Stamford - Market Deeping road as a route to the coast, there is a need for a roadside toilet between these two points. Where better than Tallington to relieve the pressure on the Market Deeping Conveniences, as the route by-passes those in Stamford? The possibility of this is being explored with the Ministry of Transport whose Highway it is.

A fortnightly domestic refuse collection from the house door is provided. Consideration was again given this year to making this a weekly one and on health grounds there is everything to commend it as in hot weather the contents of a refuse bin can become objectionable

before two weeks have elapsed, and are a potential breeding ground for insect pests. However when it was pointed out that the increased cost of emptying one bin once a week over the present two bins once a fortnight would be from the present $6\frac{1}{2}d.$ rate levy to $11\frac{1}{2}d.$, an increase of $5d.$, the highly desirable proposal was dropped.

Litter baskets have been provided in all the Parishes for which they have been requested and at strategic lay-byes on the main roads. They are emptied regularly.

Illicit dumping at the Council's Refuse Disposal tips still continues and creates much additional work for the Surveyor's Department as well as creating a nuisance. Such bizarre items as litters of dead pigs, dozen of crates of day old chicks and very many tons of potatoes were featured amongst others.

Mortuary facilities are still provided at St. Peters Hospital, Bourne, in association with Bourne Urban District Council under arrangements made with the Hospital Management Committee. However, as both the Pathologist and the Coroner desire post-mortems to be held at Stamford, the premises were not used at all in the last twelve months, and a new arrangement is accordingly being investigated. There is adequate provision of burial ground throughout the Parishes. The nearest Crematorium is at Marholm, on the outskirts of Peterborough, and this is being increasingly used as an alternative to burial. Grantham Corporation are opening a Crematorium also in mid-1966, which will be nearer for our northern Parishes.

Three Gangmasters Licences were granted during the year to persons deemed fit and proper to organise and employ gangs of agricultural workers.

There are no Public Swimming baths within the Rural District but considerable use is made of those situated in Bourne and Stamford, so that all children can be taught to swim and benefit from this health giving exercise. It is hoped that one day it will be possible to provide one in the Deepings to meet the needs of that rapidly expanding Community.

The Voluntary Laundry at Deeping St. James, served by a band of devoted volunteers, continues to provide a free six day service to the necessitous in this and the surrounding Parishes. Its humanitarian answer to a very real need cannot be too highly praised and acknowledged.

With the provision of hot water systems for ablution purposes in Uffington, Swayfield and Folkingham, all the schools in the District have this very necessary amenity and all are on water lavatories. Now

the basic principals of good personal hygiene can be taught in practice instead of by precept and the children will benefit accordingly.

With the full co-operation of the farmer concerned and his staff, there was a great improvement this year in the standards at the fruit picking camp on Ringstone Hill. Perhaps advances in soft fruit harvesting techniques will eventually render this annual influx of itinerant pullers superfluous, but meantime, every effort will continue to minimise the problem.

SECTION D

HOUSING

Thirty-nine new Council houses were built in 1965, compared with thirty-five in 1964, and fourteen in 1963. At the end of the year forty-six houses were under construction.

Private enterprise did even better by producing 189 compared with its total of 115 in 1964. Additionally there were 248 houses under construction at the year's end. The expansion in the Deepings is largely responsible for these increased figures and the trend will almost certainly continue as the big build up in Peterborough's population progresses.

The Council give every encouragement to owners of suitable properties to produce modernisation plans, so giving sub-standard dwellings a new lease of life. In furtherance of this, they awarded twenty-one Standard Improvement Grants and thirty Discretionary Improvement Grants. In the previous year, the equivalent total was forty-nine.

The number of applications for the tenancy of Council houses has increased this year to 392 compared with 302 in 1964. Of the 392, no fewer than 164 were in need of bungalow or at least ground floor accommodation. This represented forty-two per cent of the total and is again indicative of the insistent, and insatiable demand for this type of home.

The applications and the Parishes of their choice are as follows:-

DETAILS OF APPLICATIONS ON THE COUNCIL'S HOUSING LIST

<u>Village</u>	<u>Post-War</u>	<u>Pre-War</u>	<u>Bungalows</u>	<u>TOTAL</u>
Aslackby	3	-	4	7
Baston	14	-	5	19
Barholm	-	-	-	-
Billingborough	8	3	21	32
Careby	1	-	-	1
Carlby	16	-	3	19
Corby Glen	17	2	9	28
Counthorpe & Grecton	-	-	-	-
Castle Bytham	1	4	8	13
Little Bytham	5	2	2	9
Dowsby	-	-	3	3
Dunsby	-	-	-	-
Deeping St. James	12	1	14	27
Edenham	-	-	-	-
Folkingham	2	-	6	8
Market Deeping	49	2	25	76
West Deeping	7	-	8	15
Greatford	1	-	-	1
Hacconby	-	-	-	-
Horbling	15	2	11	28
Irnham	-	-	-	-
Kirkby Underwood	1	-	1	2
Langtoft	1	1	4	6
Morton	13	1	9	23
Pointon	-	-	4	4
Rippingale	14	4	7	25
Swayfield	1	-	-	1
Swinstead	2	-	4	6
Tallington	6	-	3	9
Thurlby	12	1	6	19
Uffington	4	-	5	9
Witham-on-the-Hill	-	-	2	2
TOTALS	205	23	164	392

A further 40 applications making 432, have been received from outside this District.

The Grouped Bungalow Scheme at Deeping St. James under the kindly supervision of the Wardens - Mr. and Mrs. Bevan, continues to be a classic example of all the benefits which can come from such a concept. No one visiting the Group can help but be impressed by the happy atmosphere and the community spirit which is found there. It has proved ideal for those who, while jealously maintaining their independence yet need a watchful eye in the background. It is to be hoped that in time similar schemes will see fruition in other parts of the District to the manifest blessing of the elderly, single and lonely.

It must be stressed again the need for adequate heating and no less important a high standard of thermal insulation in all bungalows and elderly persons' accommodation if the dire and fatal consequences of hypothermia are to be guarded against.

The Council, though they do not operate a Point's Scheme, do consider on their merits, all applications for priority re-housing on the grounds of ill health. In each case a full investigation is made personally by your Doctor before any recommendation is made to the Health or Tenants Committee. Seven such requests for priority were made during the year. In addition there were a number of social priorities.

These cases of special need are regarded as a direct challenge to the Rural District Council as a whole as Housing Authority rather than a parochial letting, and very rightly so.

No fresh case of Statutory Overcrowding has come to light during the year.

The Slum Clearance Programme has continued to make steady progress. A further forty-seven houses, compared with forty-five in 1964, were dealt with, making a grand total of 447 since the programme commenced ten years ago. It is estimated that there are still 217 houses to be dealt with in the years ahead. No Official Representation for a Clearance Area was made during the year, all 47 houses being dealt with as individual unfits under the provisions of Section 16 of the Housing Act, 1959.

There are 186 pre-war Council houses without water lavatories and 315 - a reduction of 75 in the year - without hot water systems and of these 175 are also without baths. Steady progress is being made in the big but necessary task of modernisation.

No case of infestation with fleas or bed bugs was recorded during the year but the Department was asked to deal with ants and wasps

inside houses on a number of occasions. Our versatile Rodent Operator took these control problems in his stride.

There are no Common Lodging Houses within the area.

SECTION E INSPECTION AND SUPERVISION OF FOOD

There are three licensed slaughterhouses and these, together with those at Bourne and Stamford provide an adequate service for the area. The Ministry of Agriculture and Fisheries' policy on slaughterhouses is awaited with interest.

A hundred per cent meat inspection was maintained at all times.

Mr. Chivers, Chief Public Health Inspector has dealt comprehensively with this subject and his report should be read again as an amplification of this one. It must be stressed that while the Codes of Practice introduced under the Food Hygiene Regulations are now accepted almost universally, it is only by the routine friendly supervisory visits of your Health Inspectors to food businesses that lapses are detected and corrected. Visits to the back premises where food is stored and bulk is broken down are salutary as these present a hazard in many a shop where the service counters are irreproachable. The village store with its wide range of articles is particularly vulnerable.

Very intensive work has been put in of recent years; - with the full co-operation of the producer retailers of Tuberculin tested unheat treated milk; - to clear their herds of Brucellosis. It is distressing that once again this year, a sample of milk taken in the course of delivery should have shown the presence of this organism and could potentially have caused an attack of Undulant Fever in the consumers. Again sampling of all the cows in the affected herd had to be undertaken, and a most conservative estimate would put the cost at £60. before one culprit was found. As usual the full co-operation of the farmer was forthcoming in getting rid of the cow, but who subsequently acquired it, and what other heifers or cows were subsequently infected by it no one in Authority either knows — or cares. Only a policy of eradication as has been done with complete success in Northern Ireland and along the lines of the equally successful Tuberculosis eradication scheme in this Country, can effect a solution, and the voices of all informed opinion are raised in unison on this point.

The Rural District Councils Association are deeply concerned that the control of Brucellosis should be dealt with energetically and promptly and in April asked the Ministry of Health to receive a deputation to request a programme of eradication of Brucellosis in

dairy herds, and to discuss the question of vaccination, notification and pasteurisation arising out of the problem of eradication. I was asked to be a member of this six man deputation.

A meeting with the Ministry of Health was arranged for June and a brief was prepared of the available evidence. Four days before the meeting was to take place, it was cancelled for the reasons given below by the Association.

"The main purpose was to discuss the need for a Scheme for eradication of Brucellosis and as subsidiary points, notification of Undulant Fever and pasteurisation of milk. The Public Health Committee (of the Rural District Councils Association) looked at the matter from the public health angle and believed that the most hopeful approach was to the Ministry of Health although it would be necessary for the Ministry of Agriculture to make any necessary orders for eradication. With this in mind, we asked the Ministry of Health to receive a deputation and to invite the Ministry of Agriculture to send representatives to it.

I am afraid that I have today heard by telephone from the Ministry of Health that they are not prepared to provide a Chairman for the meeting which is primarily to discuss matters falling within the purview of the Ministry of Agriculture. Further they doubt whether it will be possible to persuade the Ministry of Agriculture to be represented. The only matters which the Ministry of Health are prepared to discuss are notification of Undulant Fever in human beings and pasteurisation of milk."

My comment at the time was "Protocol must take precedence over prevention." Let it be hoped that the slow but inexorable pressure of informed public opinion will ensure in time that the example of the Tuberculosis eradication scheme and that of Northern Ireland in this sphere will be followed.

The taking of periodic milk samples from producer-retailers for the presence of Penicillin revealed two instances of its presence in the District.

All milk going to Pasteurisation Plants is sampled at the plant but we do not receive reports of the number which are found to be positive. Where it is found the dairy farmer concerned is penalised in price by 1s. 0d. a gallon but the milk is added to the bulk depending on dilution to cloak the penicillin, as pasteurisation certainly does not destroy it.

A close watch is maintained on the bores which supply the watercress beds. Whereas every care is taken to keep it as cleanly

as possible, contamination in growing and in transit is inevitable and so it should always be washed carefully by the housewife before it appears at table.

All food premises should be registered, as this would ensure that supervisory duties could be more expeditiously carried out; that food premises would be properly designed for the purposes intended. Also there would be a comprehensive list readily available in food poisoning incidents or in suspect foods as in the case of the corned beef implicated at the Aberdeen Typhoid Outbreak, where retailers may have to be contacted speedily.

In his customary and always interesting contribution to this report Mr. Hawley, Chief Weights and Measures Inspector of the County says:-

Food Additives

"Food additives, as distinct from residues, fall into two main groups, namely, (1) those which are added to fortify and enrich foodstuffs and (2) those whose purpose is purely commercial. Although a small minority may be against what they term 'mass medication', most people agree that the addition of vitamins, minerals and other nutrient factors to certain foods is a commendable practice. In a quite different category, however, is the addition of colouring matter, antioxidants, preservatives, stabilisers, maturing agents and similar substances, because they have nothing whatever to do with nutrition and are used merely to improve the appearance or extend the 'shelf-life' of certain foods.

Food Preservation

"Although the layman may inveigh against the excessive use of food additives, the fact remains that food preservation must be practised on a vast scale if the country's population is to be properly fed. Rotten food can be very much more dangerous than preserved food, provided the method of preservation is subject to proper control. All methods of food preservation have the same objective - the destruction or inhibition of micro organisms. The heat-treatment of milk and of canned goods destroys bacteria which, left to develop naturally, would cause putrefaction in a relatively short time. Refrigeration inhibits bacterial growth, but does not actually destroy the micro organisms; nor do the chemical preservatives such as benzoic acid, sulphur dioxide or orth-phenyl-phenol. Moisture and warmth are both conducive to bacterial growth and thus dehydration as well as refrigeration will slow down the natural deterioration of perishable foods. All these methods are practised by food manufacturers and it is the duty of sampling officers to ensure that where a

chemical preservative is prohibited (as in the case of milk) or is permitted at a certain level (as in the case of sausages), the law is not flouted.

"During the year under review 44 samples were taken in South Kesteven as follows:-

Butter	1
Fruit (dried)	1
Meat Paste	1
Milk (condensed)	1
Milk	36
Soft Drinks	1
Stewed Steak (tinned)	3

Butter

"By definition, butter must be made exclusively from milk, with or without salt and with or without certain permitted colouring matters. It must not contain preservatives (other than salt) and not more than 16% water, although under the Antioxidants in Food Regulations, 1958, it may contain certain permitted antioxidants. These are substances which.....

".....delay, retard or prevent the development of rancidity or other flavour deterioration....."

and since most fats become rancid on exposure to air and light, the addition of antioxidants is permitted by law to extend the 'shelf-life' of butter, margarine and cooking fats. The Food Standards Committee is currently reviewing these Regulations as part of a larger survey of all food additives and it is encouraging to know that on the question of antioxidants they have already said:-

".....we have borne in mind in our review the general principle that an antioxidant should only be used in food when there is evidence of real need - NOT MERELY SOME MINOR COMMERCIAL ADVANTAGE - and when it can be shown that its use is likely to benefit the consumer without presenting a foreseeable hazard to health."

The sample of butter was satisfactory and contained 15.29% of water.

Quality of Milk

"Cows' milk remains a staple food, some say the perfect food, for young and old alike and the consumption of liquid milk in one form or another is of prime importance so far as the nation's health is concerned. It is essential, therefore, that milk production should be maintained at a high level and that quality rather than quantity should be the over-riding priority. The new wholesale marketing prices of cows' milk make the production of low-grade milk uneconomic, since quite punitive deductions are made by the Milk Marketing Board in cases where the total solids fail to reach and maintain a monthly average of 12.0%. There is no fixed standard for milk, although the Sale of Milk Regulations require that it should be sold 'as it comes from the cow' with nothing added and nothing taken away; and that where the butterfat and other non-fatty solids fall below 3.0% and 8.5% respectively, it shall be presumed to be adulterated unless the contrary can be proved. In Kesteven, poor quality milk is rare and the county average is well above these minima.

"Homogenised milk which was introduced in some of the larger towns recently, has made little impact on the rural population and it may well be that the next step forward will be the new aseptic milk. This new 'long life' milk is processed at temperatures well above the boiling point of milk and it is claimed that it will keep unrefrigerated for 6 months in any climate. It is not yet on sale to the public in the United Kingdom, but one Dairy Company is selling it abroad. It may well become a valuable export item, taking all the health-giving properties of liquid milk to isolated communities throughout the world.

"Under the Channel Islands and South Devon Milk Regulations, milk from cows of these breeds, if so designated, must contain a minimum of 4.0% butterfat. This is an absolute standard and must be maintained at all times. In return, the producer gets a premium of not less than 8d. per gallon and a further premium if the milk is bottled on the farm.

"In fact what happens in one area is often the cause of activity in another as was shown when a sample of milk taken at Swayfield was found to contain 10% of added water. By a rather remarkable coincidence, a complaint was received the same day from a Ropsley (West Kesteven) resident, that she thought her dairyman's milk was watered. Her dairyman was the vendor of the Swayfield samples and further investigations at Grantham revealed milk in the Company's vending machine was also watered. The cause of the trouble was traced to the dairy's processing plant but as they had been cautioned on previous occasions for similar offences, legal proceedings were

instituted and the firm was fined £20.

Soft Drinks

"Soft drinks have become increasingly popular since the War and though they have a mainly seasonal appeal, their consumption at all times of the year is considerable. In recent years, dietetic soft drinks have achieved prominence, for it is not only in Lent that people who renounce sugar notice an improvement in health. Actuarial statistics on obesity are not necessarily conclusive, but Professor John Yudkin, of London University, has said there are three nutritional disadvantages of a high consumption of sugar, namely, (1) it provides too many calories and thereby induces overweight problems, (2) it displaces more nutritious foods (sugar is entirely devoid of nutrient value) and (3) it contributes to disease, notably, dental decay, diabetes, stomach ulcers and coronary thrombosis. If all this is true, the use of cyclamates (sodium cyclamate and calcium cyclamate) in soft drinks, legalised in the U.K. as from June, 1965, will bring relief to many who worry either about diet or obesity. Cyclamates are about 30 times sweeter than sugar, have a very much less detectable off-taste than saccharin and a much lower calorie value than sugar or sorbitol. They will doubtless be extensively used in better quality soft drinks for people who like the taste of sugar but know they should not take it in the form of sucrose."

Our thanks are due to Mr. Hawley for the work he does on our behalf.

SECTION F

THE PREVENTION AND CONTROL OF
INFECTIOUS AND OTHER DISEASES

ANALYSIS OF CASES OF INFECTIOUS DISEASE
UNDER AGE GROUPS

	Scarlet Fever	Diphtheria	Puerperal Pyrexia	Pneumonia	Ophthalmia Neonatorum	Cerebro Spinal Fever	Measles	Whooping Cough	Erysipelas	Dysentery	Acute Encephalitis	Paratyphoid
0-1	1	-	-	-	-	-	5	-	-	-	-	-
1-2	-	-	-	-	-	-	5	-	-	-	-	-
2-3	-	-	-	-	-	-	8	-	-	-	-	-
3-4	-	-	-	1	-	-	6	-	-	-	-	-
4-5	2	-	-	1	-	-	10	-	-	-	-	-
5-10	7	-	-	-	-	-	23	-	-	-	-	-
10-15	-	-	-	-	-	-	2	-	-	-	-	-
15-20	-	-	-	-	-	-	-	-	-	-	-	-
20-35	-	-	-	-	-	-	1	-	-	-	-	-
35-45	-	-	-	-	-	-	1	-	-	-	-	-
45-65	-	-	-	4	-	-	-	-	-	-	-	-
65 & over	-	-	-	2	-	-	-	-	-	-	-	-
Age Un known	-	-	-	-	-	-	1	-	-	-	-	-
TOTALS	10	-	-	8	-	-	62	-	-	-	-	-
Admitted to Hospital	-	-	-	2	-	-	1	-	-	-	-	-

There were eighty cases of notifiable disease recorded during the year. This was a big drop from the three hundred and seven of the previous year, largely due to the comparative absence of Measles during the period.

There were ten cases of Scarlet Fever but this must only represent a small fraction of the total incidence of streptococcal infections. Scarlet Fever is now in general such a mild disease that control measures for contacts are only insisted upon for food handlers and midwives.

It is now seven years since there has been a case of Poliomyelitis in South Kesteven and eighteen years since Diphtheria was last diagnosed. Year by year it is stressed that this immunity can only be ensured by every mother having her child immunised against these crippling diseases in their first year and again before going to school. Neglect to do so will sooner or later precipitate life long regret for somebody. Earlier this year there was a Diphtheria scare in London where thirty children were found to be carriers of the disease. So it will be seen that the wily bacillus is only waiting in the wings for a favourable opportunity to come on stage and reinact an old tragedy. Mothers beware!

As mentioned last year a Measles vaccine has now been produced and would seem to offer good protection. However it has not yet sufficiently proved its efficiency and its freedom from side effects to warrant its universal use as in the case of the Diphtheria, Tetanus, Whooping Cough and Poliomyelitis vaccines. No doubt its time will come.

Smallpox vaccination is not requested as often as one would wish at the optimum time in a baby's life of 12 months. Instead it is left all too often until the near panic urgency of the eve of departure for some Country where a valid International Certificate of Vaccination is a prerequisite of entry.

A card of precautions against Weil's disease is given to all the Council's workmen who labour in rat infested places. Any member of the public who may work in such conditions can have a copy from the Health Department on request.

Venereal Disease

No new case of Venereal Disease was reported from that part of the Rural District which looks to the Peterborough and Stamford Hospital group for treatment.

TUBERCULOSIS NEW CASES AND MORTALITY DURING 1965.

	<u>NEW CASES</u>				<u>DEATHS</u>			
<u>Age Periods</u>	<u>Pulmonary</u>		<u>Non Pulmonary</u>		<u>Pulmonary</u>		<u>Non Pulmonary</u>	
	M	F	M	F	M	F	M	F
5 - 9	-	2	-	-	-	-	-	-
10 - 14	-	1	-	-	-	-	-	-
35 - 45	2	-	-	-	-	-	-	-
74 and over	-	1	-	-	-	1	-	-
TOTALS	2	4	-	-	-	1	-	-

There were six new cases of Pulmonary Tuberculosis this year compared with two in 1964 and four in 1963. There were no new cases of the non-pulmonary form of the disease. One death was attributable to Pulmonary Tubercle in an elderly female which goes to prove that no age is immune and the importance for the elderly as well as the young to patronise the Mass Radiography Units on its periodic visits and have a chest x-ray.

B.C.G. vaccination against Tuberculosis was again offered to all school children aged 13 - 14 years. The response was not quite so good as the previous year. All who gave negative skin tests were vaccinated and those found to be positive had a routine chest x-ray. In no instance was active tuberculosis found.

The liaison established in recent years between the staff at the Chest Clinic, Bourne and the Health Visitor has been of the greatest assistance to both, as well as to the patients and their families. It is truly an essential part of the After Care Service.

In May, the East Anglian Mass Radiography Unit visited Messrs. Dow Mac at Tallington, and the results of that survey are shown below:-

CAMBRIDGE MASS RADIOGRAPHY UNIT

RESULTS OF MASS X-RAY SURVEY

MESSRS. DOW MAC LTD. TALLINGTON, NEAR STAMFORD

	<u>MALES</u>	<u>FEMALES</u>	<u>TOTAL</u>
Number of employees believed to be available			425
Number attended for X-Ray:	301	25	326
RESPONSE = 76.7%			
Number attended for the first time	125	9	134
Number recalled for further films; (technical grounds)	12	1	13

F I N D I N G S

A. Non-Tuberculous Conditions

1. Congenital anomalies of bony thorax	2	1	3
2. Acquired conditions of bony thorax	4	-	4
3. Chronic bronchitis, pleural thickening & fibrosis	11	1	12
4. Pneumonitis	1	-	1
5. Congenital cardiac anomaly	1	-	1

B. Tuberculous Conditions

1. Healed primary or other calcified lesions requiring no further action	8	-	8
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No new significant cases of tuberculosis found at this visit.

Food Poisoning

Two cases of suspected Food Poisoning were reported from one family. It seemed likely that the cause was cooked pork, which had been on the menu for six days, being kept in the domestic refrigerator between times. However, remnants of the suspected pork, several other food items and faecal swabs from the patients all yielded negative results on bacteriological examination and the diagnosis relied on the symptomatology.

National Assistance Act - Section 47

The compulsory removal of any person from their own home to Welfare accommodation or to hospital under the provisions of the above Act, was not required during the year. In several cases, however, it was only narrowly avoided by dint of many visits and much persuasion.

Health Education

This Council continues to support the Central Council for Health Education and the Royal Society for the Prevention of Accidents, and makes full use of the propaganda material which membership brings. However excellent posters and pamphlets may be it is the personal approach which makes the impact and which in the end spreads the doctrine of good health and how to maintain it.

For Health Education to be effective, it must be directed towards the young, before set opinions and engrained attitudes have been established. It must also be carried out with sincerity, for youth sees little but hypocrisy in being adjured not to smoke by someone addicted to that dangerous pastime or being lectured on sex by adults who may have not mastered their own wayward urges. It is hard to be persuasive of the need for sensible footwear in the face of the exaggerated styles of perverted fashion.

Miscellany

As usual there were demands on the Health Department for assistance in resolving cases of a Socio-Medical nature. In fact, there were eighteen of them and they covered many facets of human distress. There was the family of Latin origin whose advent into a Council house in one of the Parishes was resented. The mother of the large family, she was voluble, temperamental and volatile, but had little knowledge of English. She was desperately anxious for human companionship. Her inability to find this made her appear hysterical in the gesticulations, shouting and other manifestations

of her frustrations. She was an excellent mother. It took much explanation to allay the suspicions of the neighbours and to obtain their understanding of the repressions of this lonely woman, and even now, the integration is not complete. Immigrant problems are by no means limited to the coloured.

There was the elderly woman who was the despair of the Medical and Social Services. She lived alone and found solace in becoming a dipsomaniac. On a number of occasions she burnt herself in an alcoholic stupor. When sober she was rational and apparently reasonable but could not be deterred from the bibulous path she had taken. The Psychiatrist was unable to help her, and as her chosen way of life is within the seclusion of her own home, it was not a problem of easy solution as she refused all treatment or advice.

There was the nonagenarian man living alone and stubbornly determined to maintain his independence and his cottage. His nutrition was good but his standards of house management left much to be desired. The biggest concession he would make to improving the position was to agree to go into Welfare accommodation for a short rest!

Loneliness has many faces but it is one of the great social problems of our time. The triumphs of therapeutic and preventive medicine have increased the expectation of life and many - particularly women are living alone well into the ninth and tenth decades. Everything possible must be done to help them feel wanted and respected members of the Community. The Arabs greatest curse was to wish an individual to outlive their generation and we must see that this is not such a dreadful fate by thoughtful care and compassion. A well organised Voluntary Visiting Service would be a great boon. Many of the Social cases referred to have been saved by the wonderful work done by the Home Helps and the Good Neighbours. They have also done great things for the sick in their convalescence.

The Chiropody Service provided by the County Health Authority through the Darby and Joan Clubs has been a great development for it is difficult to get away from a pair of painful feet. In some cases it has been possible to arrange domiciliary treatment, where it has been impossible for an elderly housebound person to get to a Centre.

The Meals on Wheels Service run by the W.V.S. with the untiring energy of Councillor Mrs. H.E. Packer B.E.M. behind it has made further progress in bringing help to the elderly and the needy. The Parishes of Morton and Haconby were added to the four already receiving this great social service.

The Welfare of the Elderly Co-ordinating Committee for the three southern Districts of the County meet quarterly throughout the year and the combined resources of those present helped many cases of special difficulty. Serving on it are the Managers of the Three National Assistance Board Offices covering the area, the Home Help Organiser, the Meals on Wheels Organiser, the Health Visitors, the District Welfare Officer, the Housing Managers of the three Districts, a family Doctor, the Consultant Physician to the Peterborough and Stamford Hospital Groups, the Matron of St. George's Hospital and myself. At these meetings, twenty-four cases from the Rural District were reviewed.

The Sister Co-ordinating Committee for the Welfare of Children at Risk also meet quarterly. This co-operation between all the Services engaged in or having a part to play in the Welfare of deprived children plays a most important role in ensuring that the combined efforts of all the Agencies represented in the field of Child Care are made available to the individual case under discussion. Twenty-five families from the District had case conferences.

The distribution of the Council's synopsis of Services available to the elderly continued as in former years. I would like to thank Mr. G. Farrar, Manager of the Stamford National Insurance Office, for his help in distributing these along with the first pension documents, and also wish him a happy retirement.

The Rural District Councils Association and this Council have several links. First and most important our Clerk holds the high office of being the Association's Honorary Treasurer. Additionally, I have acted as Honorary Medical Editor to the Rural District Review for the past four years - a privilege which as your representative I have much appreciated. I have also been co-opted a member of the Association's Sub-Committee on Brucellosis, whose work has already been mentioned, and of the Control of Pesticides and Toxic Chemicals.

This latter subject has been a cause of concern for years past and some progress has been made in the control of the very persistent members of Organo-Chlorine group of Pesticides with the ban on the general use of Aldrin and Dieldrin. However D.D.T. is still uncontrolled and it is now a man made environmental factor which has permeated wild life and man. The average amount in human fat in this Country is a little over two parts per million. Whilst no-one has ever demonstrated harmful effects from this even in considerably greater concentrations, yet what would happen if an individual had an illness in which there was a rapid loss of their body fat in which the D.D.T. is stored and the concentration accordingly went up many many times? This is a question which causes me concern. The number of insecticides,

pesticides, herbicides and fungicides manufactured and marketed goes up year by year. In high concentrations many are dangerous both in their immediate effects and in some instances could even have a genetic effect on their human handlers. The present voluntary system of licensing and control agreed between the Chemical Industry and the Government whilst good as voluntary control measures go, is quite insufficient in these days of ever increasing chemical control of our environment. All Rural Districts must of necessity be concerned with the absolute adequacy and safety of the control system.

The problem of the derelict motor car whilst not enormous at the moment - some dozen were disposed of on the various refuse tips during the year - will inevitably increase. It would seem that in the end neighbouring Authorities may have to get together to share the expense of crushing them into more manageable size.

In the interests of safety the Chief Public Health Inspector and I carried out a survey of possible water hazards within the District. These in the main consist of the static water in pits from which sand and gravel have been extracted and are by the nature of their origin deep and potentially dangerous. Twenty-seven in the southern Parishes were surveyed. The owners in each case were fully aware of the inherent dangers and all reasonable safety steps were taken by erecting warning notices and putting the lagoons out of bounds. It is fortunate that the majority of these pits are away from centres of population, which does mitigate the risk of trespassing children getting literally into deep water. Additional hazards are the Welland itself and the Greatford New Cut.

In drawing this report to a close it would not be inappropriate to mention the difficulty which Health Departments everywhere must be finding in keeping abreast of the spate of Socio-Medical Legislation which has reached the Statute Book in recent times. Add to this the Circulars, Directives and Memoranda from the Ministries and other sources and the writings of the experts on topics of the hour from Atomic radiation to the control of the Zoonoses. A to Z. Amidst all this it is becoming increasingly difficult to find time to think how the Regulations and information can be most appropriately applied for the good of the Community which we serve. Also the routine daytime demands and interruptions mean that Reports such as these which require some continuity of thought have to be written in the comparative privacy of evenings and nights at home.

I would like to thank the Chairman and Members of the Health Committee for their helpful understanding and support over the past twelve months.

Mr. Chivers, Chief Public Health Inspector has had the Offices and Shops legislation added to his already heavy burdens. He nevertheless manages to cope with his many faceted duties, with calm efficiency and yet makes himself easily accessible to his colleagues and to members of the Public, with whom he always manages to use the gentle glove of persuasion without having to resourse to the big stick of compulsion. He is loyally supported by Mr. Watson and Mr. Hyde.

I wish to thank our Clerk, Mr. J.J.C. Goulder, for all the ready assistance and advice which he so generously has given me on all sorts of subjects during the year, and also my other colleagues on the staff for their co-operation.

Miss Rawlinson on her appointment as Senior Shorthand Typist faced a heavy load of responsibility for one so young. She has accepted the challenge with complete success and greets the Public with a smile and great courtesy. Miss Wade also is maintaining the high traditions and the happy atmosphere which the Department so greatly cherish.

In conclusion, I acknowledge gratefully the kindness of Dr. Galletly in standing by for me when I have been away.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

H. ELLIS SMITH.

Medical Officer of Health.

FACTORIES ACT 1937 & 1948

The Annual Report of the Medical Officer of Health
in respect of the year 1965 for the Rural District
of South Kesteven in the County of (Kesteven)
Lincolnshire.

PART 1 OF THE ACT

1. Inspection for purposes of provision as to health.

Premises	Number on Register	Inspections	Number of Written Notices	Occupiers Prosecuted
(1) Factories in which section 1, 2,3,4 & 6, are to be enforced by the Local Authority	5	-	-	-
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	66	2	-	-
(3) Other premises in which section 7 is enforced by the Local Authority (including out-workers' premises)	-	-	-	-
TOTALS	71	2	-	-

2. Cases in which defects were found.

Particulars	Number of cases in which defects were found				
	Found	Remedied	Referred		No. of cases in which prosecutions were instituted
			To H.M. Inspector	By H.M. Inspector	
Want of Cleanliness (S.1.)	-	-	-	-	-
Overcrowding (S.2.)	-	-	-	-	-
Inadequate temperature (S.3.)	-	-	-	-	-
Ineffective drainage (S.6.)	-	-	-	-	-
Sanitary Conveniences (S.7.)					
(a) Insufficient	-	-	-	-	-
(b) Unsuitable or defective	-	-	-	-	-
(c) Not separate for sexes	-	-	-	-	-
Other offences against the Act (not including Outwork)	-	-	-	-	-
TOTALS	-	-	-	-	-

PART VIII OF THE ACT

<u>Outwork</u>						
Nature of Work	No. of Outworkers	No. of cases in default in sending lists to the Council	No. of prosecutions for failure to supply lists	Notices served	Prosecutions	No. of instances for work in unwholesome premises
Carding etc. of Buttons etc.	1	1	1	1	1	1
TOTALS	1	1	1	1	1	1

H. ELLIS SMITH

Medical Officer of Health

